REFUND OF PRIOR YEAR SALARY OVERPAYMENT For use of this form, see AR 37-105; the proponent agency is USAFAC		DATE
TO:	FROM:	
Name and Social Security Number of Employee		
refunded during calendar year 19 the sum of \$, representing salary overpayment from taxable year 19 The TD IRS Form W-2 (Wage and Tax Statement) for calendar year 19 has not been decreased by this amount.		
DUTY STATION	FEDERAL IDENTIFICATION NUMBER	
	STATE IDENTIFICATION NUMBER	
TYPED NAME, GRADE, TITLE AND TELEPHONE	SIGNATURE	
COPY FORWARDED TO:		
☐ Internal Revenue Service		
State of		
City or County of		